RiPPLE

Promoting Sanitation and Hygiene to rural households

Lessons from experiences of Health Extension Workers and Community Health Promoters in SNNPR, Ethiopia

Toolkit

Background

This is a note of the findings and lessons arising from the research study carried out in 2009 on experiences of health extension workers (HEWs) and community health promoters (CHPs) in the Southern region of Ethiopia (SNNPR), in relation to promotion of sanitation and hygiene (S&H) in rural communities.

Aspects of S&H - including excreta disposal (construction and use of latrines), personal hygiene (hand washing at critical times) and water handling (e.g. safe storage of water in the household) - are promoted as part of the Health Extension Programme (HEP) of the Ministry of Health, amongst its different elements. The aim of promotion of S&H is to bring about changes in behaviour of communities and households in relation to their S&H practices.

The findings and lessons from the study in two districts ('Woreda') in SNNPR - Halaba Special Woreda and Mirab Abaya Woreda - were discussed at a Workshop held in Hawassa, SNNPR, on March 10th, 2010 which was convened by the RiPPLE Programme on behalf of the research team.

The Workshop brought together a selected group of HEW and CHP to discuss the findings of the study in the two Woredas - and to assist in the drawing out of practical lessons from the study. A representative of the Regional Health Bureau and Woreda Health Offices from the two study Woredas attended the Workshop.

The project of which the Workshop forms part was initiated by the regional Health Bureau and the RiPPLE Programme, and has taken place thanks to the strong leadership of **Dereje Mamo**, M.Sc in Health Monitoring and

Evaluation, of the Bureau of Health and **Desta Dimtse** (M.Sc in Natural Resources Management), RiPPLE Programme Regional Coordinator in SNNPR, in collaboration with the Woreda Health Officers.

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The authors are grateful to HEWs, CHPs and community key informants for their willingness to participate in this study and contribute to the production of this set of findings and lessons. Without the commitment of HEW and CHP in the promotion of S&H to rural communities, households in the study areas would not have been informed of the importance of S&H and the progress in adoption of improved S&H practices, which this research project has reported, would not have happened. This note is dedicated to them.

The lessons set out in this note will be presented for discussion and comparison with experiences of health extension workers and community health promoters in other regions in Ethiopia. Field stories of individual CHPs, collected by Mina Yirga, RiPPLE communications officer, are also appended at the end of this document.

The role of health extension workers and community health promoters

The key informants in the communities reported that they value the work of health extension workers (HEWs) and community health promoters (CHPs). Key informants in the communities and participants in focus groups recognised that CHPs and HEWs had played a role in improving the health of communities; the majority of households (HH), it was reported, are making efforts to use S&H facilities in accordance with the promotion by HEW/CHP.

» The system of health extension, established under the Health Extension Programme (HEP) of the Ministry of Health, is working in these rural communities and making a contribution to improvement of life, despite the existence of constraints.

» If due attention is given to health extension, it is possible to bring about improvements in health in rural communities.

During the interviews and focus groups, the traditional practices in the communities were described, namely open defecation/urination, poor personal hygiene and little or no knowledge of community members on S&H issues – in both Halaba special woreda and Mirab Abaya. Many key informants and focus group members made reference to the consequences of those traditional practices, for example, the extent of the smell which made it difficult to walk across household compounds and the nuisance from flies.

» Respondents to the survey recognise the benefits of change from traditional practices.

The role of CHP, as unsalaried volunteers with relatively little training as compared with HEW, is particularly challenging. Despite this, the interviews with HEW, CHP and community members revealed that there was a good working relationship between the three groups.

» Strengthening the promotion of S&H will require attention to these difficulties and constraints as reported by CHP and HEW – including those currently affecting the working relationship between them.

All the focus groups reported that, since promotion of measures for improving S&H practices, reductions in incidence of diarrhoea have been clearly noticeable. In the two woredas studied, benefits for HH, in terms of health, were reported.

The adoption of improved S&H practices, as promoted by the HEW/CHP, is observed to be associated with a substantial reduction in incidence of diarrhoea in the two woreda studied.

» If due attention is given to promotion of S&H as part of health extension, it is possible to reduce morbidity and mortality related to diarrhoeal diseases.

Hygiene promotion is not a 'one-off' activity: promotion by HEW and CHP needs to be maintained, until behaviour changes.

» Bringing about behavioural changes in S&H in rural communities is not easy. To achieve behaviour change which is lasting, frequent follow-up visits and regular monitoring are needed.
» Obstacles/bottlenecks (resistance from some HHs) may be reduced, and even overcome, by repeated visits to HHs.

Shortage of water, particularly in Halaba special woreda, and especially during the dry season, significantly affects the willingness of HH to use what limited water supplies HH can access for hand-washing.

» Unavailability/serious limits on access to water cuts across S&H promotional activities, making the challenge of promoting hand-washing very difficult, especially during times of water shortage.
» Improvements in hygiene practice have to be linked to improvements in water supply.

CHP and HEW talked about the health extension package (HEP), with its many elements, but HEW and CHP consider that they give emphasis to elements related to 'Hygiene and Environmental Sanitation': excreta disposal (construction and use of latrines), personal hygiene (e.g. hand washing) and water handling (including safe storage of water at home).

» HEW and CHP are reported as making their best efforts to achieve success in promotion of S&H and activities relating to S&H are not being lost in promotion by HEW/CHP of the package of elements in the HEP.

HEW are accountable to woreda health office which have a key role to play in supervising them and providing technical support. The role of health centres also includes provision of technical support to HEW.

» In order for the role of HEW to be strengthened further, the woreda health offices will need to make the working environment more conducive to

HEW and their effective working.

- HEW require more technical support from woreda health offices and health centres.
- Health posts are key to delivering the HEP (especially the S&H element), as confirmed by the experience in the two studied woredas.

When faced with the challenge of HH which are reluctant to change their S&H practices, HEW (and a few CHP) are capable of applying a number of approaches and techniques, namely methods such as community conversations, competitions between HH and positive and negative reinforcements of HH motivation.

- Being able to try different approaches is key to dealing with HH who are reticent about changing from their traditional practice. When faced with challenging HH, HEW and CHP would benefit from support or training in expanding their repertoire to different methods of persuasion.

Some kebeles receive subsidies, e.g. hand-outs of soap, jerry cans, T-shirts and plump nets, whilst others do not. Among persons interviewed during this survey (and, more widely, among researchers and commentators in Ethiopia), opinion reamins divided as to whether subsidies given are effective in promoting real behaviour change – and whether they create dependency in receiving kebeles, and/or resentment in neighbouring kebeles.

- Parties involved in giving of subsidies and other incentives should first carefully assess their impacts, both in their kebele and other neighbouring kebeles.
- A consistent approach to subsidies – for example, a policy applied by both government and NGOs in the woreda/region – would be beneficial.

Researchers discovered that HEW and CHP in study areas currently give more attention to providing information about behaviour change than to developing HH skills to carry out behaviour change.

- There is need for a shifting of emphasis towards skills development of HH. While HH may install S&H facilities, in order that usage of those facilities is sustainable the HHs need to be able to maintain them.

Promotion of sanitation by HEW and CHP in the two woredas focused on construction and use of latrines of basic (and sometimes poor) quality.

- HEW and CHP need to encourage HH to improve their S&H facilities.

Poor quality and design tends, over time, to undermine initial changes in practice. Perceiving the promotion of HH as 'climbing up the sanitation ladder' is a good way of reducing the risk of fall-back in rates of latrine use, after initial success in substantially increasing levels of coverage.

Serving the area of responsibility of each HEW and CHP

Community key informants and participants in the focus groups recognised that CHP and HEW had together played a role in improving the health of communities.

» The roles of HEW and CHP are inter-linked and inter-dependent: if working independently, they would fail to achieve real and consistent progress.

Average time spent during HH visits for S&H promotion in Halaba woreda was about 45 mins for HEW and 37 mins for CHP. Less time was spent in Mirab Abaya woreda with averages of 16 mins for HEW and 34 mins for CHP.

» Allocating 30 mins for a HEW's visit and 20 mins for a CHP's is thought to be sufficient. The critical factor is that there is enough time to deliver a key message and ascertain whether HH members have understood.

HEW visited each HH three times every 2 months and CHP visited about once every 2 months. HEW visits were deemed as sufficient, however, it was desirable to increase the frequency of CHP to once a month.

» Guidance should be provided to CHP as to the number of working hours per month they are expected to work.

Under the HEP, in principle, each HEW should be responsible for about 500 households. In practice, the study found on average over 30 kebeles where higher levels of responsibility existed, with numbers increasing to up to 1,119 HH. This increased workload has implications for quality as the number of HH for which a HEW increases, the frequency of HEW visits to HH will tend to decrease.

» One way of solving excessive workloads where they occur, could be appointing additional HEW and constructing additional health posts.

In contrast, each CHP should be responsible for between 30 and 50 households and the study found this was consistent.

» While CHP are meeting standards set by the HEP, some CHP expressed the opinion that standards should be reduced to 20-25 HH to allow for an increase in the frequency of visits to each HH.

Respondents reported that the tasks assigned to CHP and HEW were commonly time consuming because of:

a) travel time between HHs in rural areas with low population density;
b) none of the health posts had any means of transport and communication;
c) the many elements in the HEP; and
d) the inherent challenge of bringing about behaviour change.

Currently, lack of means of transportation is hindering HH visits. Lack of means of communication between HEW, CHP and respective supervisors is also hindering the work. The majority of HEW possess mobile phones, but do not receive funding for purchase of phone cards for work use. Most CHP cannot anyway afford a mobile phone.

» Hygiene promotion is not a one-off activity: the promotion by HEW and CHP needs to be followed-up. Provision of bicycles for HEW and CHP would be a great advantage.
» As noted previously, CHP and HEW talked about the demands of promoting the HEP with its many elements. They proposed increasing resources to deliver the HEP as currently set, rather than reducing its scope.
» Every HEW and CHP should have a work plan which would assist the challenge of promoting the different elements of the HEP including the S&H elements.

In Halaba special woreda, a district which covers a large geographical area, the majority of HEW were based in Halaba town and spent up to 5 working days per month just travelling.

» The number of productive working hours of HEW in Halaba special woreda is being reduced by their extensive travelling. Accommodation for HEW at/near health posts within kebeles could reduce travel time so more time could be spent carrying out their extension role.

Some kebeles were found to not have sufficient resources in their health post, and some did not even have health posts. This meant many HEW were prevented from fully discharging their role and responsibilities.

» All kebeles need a health post furnished with necessary equipment, including S&H facilities for demonstration purposes. Greater availability of Information Education and Communication (IEC) materials and models would make the promotional process more effective.

Working with influential actors

While primary responsibility for S&H promotion is assigned to the HEW and CHPs, many HEW and CHP involved influential actors within the community and the kebele (such as religious leaders, school directors, *idir* leaders, elderly people, development agents, etc.) for the accomplishment of their objectives. The involvement of these actors was noted as particularly helpful for HEW and CHP success.

Involving local actors reduces the burden on the HEW and CHP and helps to ensure continuity of promotion of the HEP. Kebele officials and local leaders not only support promotion activities, but also implement improved S&H practices themselves. One example are the development agents (DAs) working for the Bureau of Agriculture who are responsible for selecting HH to benefit under the 'safety net' program. The DAs can provide useful support to promotion of S&H activities.

» In summary, sustainable behaviour change comes from active collaboration of actors in the community and the kebele alongside the HEW and CHP.

HEW interviewed felt they had become focal members of communities and, as members of the kebele council, they can contribute to decision-making on health and other aspects.

» Being a kebele council member provides the HEW with a good opportunity to raise concerns about health issues at the kebele council.

HEW and CHP referred cases of HH reluctant to adopt new practices and resistant to efforts by CHP and HEW to promote behaviour change to influential actors for response. Official warnings and threats are issued by kebele officials (as the local authority). Other forms of enforcement may be provided by either the community acting collectively or by the kebele leaders, however, punishment varies substantially between kebeles (from a small fine to imprisonment and even to social out-casting);

» While enforcement helps, HEW and CHP firmly believe that enforcement

alone will not bring the long term behavioural changes needed at HH and community level;

» By-laws could be written to provide a transparent system of punishments for dealing with transgressions. Such explicit supportive legislative measures are crucial for implementing a change in S&H practice.

Interaction by CHP and HEW with communities and households

When promoting S&H behaviour change to HH, both CHP and HEW in the two woreda made reference to health benefits, but failed to mention the contribution of S&H to dignity and privacy.

» Benefits for HH in terms of privacy and dignity are factors which CHP and HEW can usefully promote, alongside health benefits.

The study showed that HEW and CHP used simple and effective messages to communicate and promoted achievable activities. However, communities wished to:

1) be provided materials (soap, slab, jerry-cans and posters);
2) receive more supportive supervision from HEW/CHP to put messages into practice;
3) have better access to water supply (water source development).

» It is possible to persuade HH to make changes to S&H through promotional activities.

» Provision of IEC materials is the responsibility of health authorities, whereas supply of soaps, slabs and jerry-cans is beyond their scope and should be fulfilled by the HH. Dependency should be avoided.

» HEW and CHP need to maintain their supervision and monitoring of HH with follow-up visits to HH in order to achieve lasting behaviour change.

» Development of water sources and provision of improved water access requires collaboration between a number of actors and stakeholders (governmental and non-governmental) beyond just the health sector.

Respondents reported that HEW and CHP tend to promote a number of health issues to HH at a time, mixing messages from different elements of the package of health issues under the HEP.

» Mixing messages between, for example, immunisation and S&H, tends to

dilute the effectiveness of the promotion. Overburdening HH with too many messages at one time may result in laggard HH.

» To be effective, a HH visit for hygiene promotion should focus on one issue per visit, with a message or messages specific to that issue supported by relevant information.

For S&H promotion, the following are reported as methods being used by HEW and CHP:

1. Community conversations;
2. Sanitation campaigns;
3. Certification of model HH;
4. Coffee ceremonies;
5. Religious institutions;
6. S&H celebration days.

» Community conversations are one effective method for identifying community challenges and solutions. Utilising places where people congregate is a means of guaranteeing dissemination of information.

» Inviting people to discuss S&H openly helps communities to feel that S&H is a common agenda for all.

» Schools are important for communicating S&H messages to children who then pass them on to other members of the family.

One HEW in Halaba special woreda reported that she had created a competition between HH.

» Other HEW could explore how to develop such competitions, as a means of attaining the desired behaviour change.

» Behaviour resulted from such competitions, based on their motivation and internal drive could be more long lasting.

Model households are reported as being used by HEW as examples to persuade other HH. In the key informant interviews it was clearly expressed that community members expected HEW and CHP to maintain good S&H standards in their own homes.

» Use of model HH for promotion should be encouraged, with HEW and CHP leading by example, in advance of promotion to other HH.

Demonstrations of model latrines, waste disposal and washing facilities, as

well as leaflets and posters, were not much used by HEW and CHP in the study areas.

» As noted above, more emphasis should be given to skill development (including by demonstrations) as compared tp simple dissemination of information on S&H-related issues (skills in latrine construction, hand washing, safe water storage etc).

The HEW and CHP reported that environmental conditions - for example soil erosion due to heavy rain, termites, surface run-off - created problems for latrine construction which affect promotion of S&H.

» Location of latrines should be carefully selected to minimise environmental risks.
» Treatment and continuous maintenance of selective woods against termites is important.

The HEW and CHP reported hearing the following types of negative response and closed attitude:

1. "We are poor, we can't do anything";
2. "A woman's only role is to serve the husband, kids and the family";
3. "Being diseased is the will of God";
4. "Our ancestors always used these practices";
5. "You are doing this for your own selfish reasons";
6. "We will do the things you suggest later";
7. " If I do what you say, what will you give me?".

The following approaches to dealing with reluctant HH were mentioned by HEW and CHP during interviews as being effective:

- community conversations;
- collaboration with influential actors;
- frequent follow-up;

» Promoters of S&H have to accept that the existence of laggards in a community is inevitable and not become frustrated. Indeed, CHP can choose to give high priority to persuading reluctant HH for the very reason that they can discourage other HH.
» HEW and CHP need to be trained on how to handle such situations and apply such approaches.
» Particular support is needed for individual community members suffering

from illness by mobilising the community.

HEW and CHP were mobilising communities to construct communal latrines in areas where people are expected to congregate in large numbers.

» Alongside HH latrines, communal latrines have a place in rural areas, e.g. at kebele meeting places.

Learning opportunities for CHP and HEW

Refresher training courses, educational tours and exchange visits for CHP were reported as being in their infancy, in both woredas.

» HEW and CHP welcome the opportunity to attend training courses. But they generally have an expectation that all training courses will be accompanied by incentives (per diems).
» CHP and HEW should also consider as learning opportunities training courses which do not have per diems attached, in addition to training sessions where per diems are provided.

In the study areas, HEW conducted regular meetings with CHP at least once in a month, to discuss problems faced during service provision and their probable solutions. However, they did not prepare and share their work plans between each other.

» It is better for the HEW to organise meetings with CHP in a group at least two times per month.
» In order to collaborate effectively, HEW need to lead CHP in a process of joint planning.

HEW commented on the lack of a structure allowing for opportunities of career development. All HEW were interested in such opportunities to further their careers. HEW reported that they attend extension and weekend education programmes at their own expense, with a view to achieving career development.

» HEW would like to have opportunities to achieve upgrading like other government employees.
» This single-minded pursuit by HEW for career development is striking and suggests that either the HEP is adapted to accommodate the ambitions of HEW or, otherwise, HEW will tend to move on from their current role to seek opportunities elsewhere.

The majority of HEW reported that they visited to woreda health offices to collect their monthly salary; this means that the HEW visit the woreda health office once per month, nearly at the same time.

» If this practice of collecting salary at the woreda health office is to continue, the HEW propose that the woreda health officers use it as an opportunity to call monthly meetings for discussion and experience-sharing between HEW as a group.

Summary: Strengthening the roles of HEW and CHP

On the basis of the above research findings and lessons, the RiPPLE Programme proposes the experience of the HEW and CHP in SNNPR as an instructive example of the achievements and challenges of promotionof S&H as part of the HEP package in rural communities.

Despite the constraints faced by HEW and CHP in the two studied woreda, the study has confirmed that the HEW and CHP are going about their work of informing HH about improved S&H practices and are succeeding in persuading many HH to change their behaviour.

» The system of health extension is working and making a contribution to improvement of life in rural communities.

» This does not mean that attaining improvements in S&H behavioural practice is simple and straightforward. As set out above, there are many lessons to be learned and a number of resource and capacity constraints which HEW and CHP currently face, which need to be addressed.

» A key conclusion is that reducing/removing those constraints, enabling HEW and CHP to work at their full potential, in line with the lessons noted above, could result in a further boost to progress in promotion of S&H.

» Examples of resourcing innovations which the HEW/CHP believe would produce tangible benefits in S&H promotion are:
   - (i) construction of health posts in the kebeles which currently lack this facility;
   - (ii) more Information, Education and Communication materials at health posts and for work with HH/communities;
   - (iii) provision to HEW and CHP of bicycles, in response transportation problems;

(iv) accommodation for HEW which should be constructed in or close to the compound of the health post to avoid them travelling to and from the kebele.

» The Bureau of Health could usefully review the measures for capacity-building of HEW and CHP and plan for more training. HEW and CHP express themselves as willing to learn lessons, in order to improve their own performance in S&H promotion.

The CHP and HEW interviewed during the course of this research study recognise the demands of promoting the Health Extension Programme with its many elements, but they say that, in their promotional activities, the elements relating to S&H are not being lost in the HEP package.

» Nevertheless HEW and CHP should focus their messaging during HH visits to avoid over-burdening HH with too many simultaneous messages on S&H and other elements of the HEP.

Respondents (HEW, CHP and community leaders) have observed significant improvements in S&H practices in their communities. The HEW/CHP interviewed also said that knowledge and awareness levels of HH on S&H issues had increased. Most HH in the studied kebeles are implementing improved S&H practices, as promoted by HEW and CHP.

» Key challenges which remain are:
  (a) to convince reluctant HH to change from their traditional practices; and
  (b) help HH move up the sanitation ladder from the most basic level of facilities, remedying e.g. weaknesses in latrine design.

» Alongside promotion, enforcement (either by the community, collectively, or by the kebele leaders) has a part to play, to compel reluctant HH to change behaviour. By-laws could be written to provide for a more uniform system of punishments for dealing with, for example, open defecation and urination.

Key informants and participants in the focus groups conducted by this study recognised that CHP and HEW had played a role in improving the health of communities.

» The work of the HEW/CHP is observed to be impacting on the incidence of diarrhoea in the communities, with reports of reduced cases of worms

(intestinal parasitosis). As levels of illness of community members (children and adults) reduce, HH can devote more time to development-related activities.

CHP (alongside HEW) are reported as showing considerable dedication to community service - but do not receive any salary.

» The voluntary service function of CHP needs to be supplemented with some kind of incentive mechanism, to be established soon (as soon as funding can be made available). Monetary and non-monetary incentives would particularly add to the motivation of the CHP. It could also improve the quality of services, in that CHP who feel that their work is recognised will arguably be motivated to redouble their efforts.

Shortage of water, particularly in Halaba special woreda, and especially during the dry season, significantly affects the willingness of HH to use what limited water supplies HH can access for hand washing. Some health posts do not have facilities for liquid and solid waste management in the compound.

» Unavailability/serious limits on access to water cuts across S&H promotional activities, making the challenge of promoting hand washing very difficult, at least during times of water shortage. Improvements in hygiene practice have to be linked to improvements in water supply.
» The absence of waste disposal facilities at health posts is an obstacle to HEW and CHP in S&H promotion. Availability of waste management facilities and safe water supply at health posts should be a priority because HEW can use such facilities as models for training HH.

The work of HEW and CHP is not jointly planned.

» HEW and CHP (under HEW supervision) should, in consultation with each other, develop clear and achievable monthly work plans.

The community key informants interviewed said that they expected the homes of HEW and CHP to be models of good S&H practice.

» HEW and CHP should ensure that they are models of improved S&H practice – this is important for persuading other HH to change their behaviour.

The HEW and CHP interviewed talked of the need for trainings, experience sharing and educational tours. One HEW said that after 4 years there was

nothing new she could communicate to CHP and HH; over that time she had imparted all the knowledge she had to offer. Now she wanted to learn more, so she could help communities overcome their "obstacles as much as possible. With additional knowledge, what astonishing accomplishments I could achieve".

» Means for sharing experiences between HEW and CHP could usefully be established, e.g. learning forums.
» Trainings on difficult scenarios commonly encountered by HEW/CHP could be useful as a means of improving their promotional skills.

It is clear from the replies to the survey that alongside the HEW/CHP influential actors (religious leaders, schools, the *idir,* respected elderly people and development agents) have a key role to play.

» Behaviour change which is sustainable arises out of active collaboration of these influential actors in the kebele and the community, alongside the work of HEW and CHP.
» The solidarity of NGOs and other stakeholders in the region needs to be strengthened.
» Additionally, the recognition of other stakeholders as to the importance of the HEP and its S&H elements will be important, as well as their active collaboration in helping HH to move up the sanitation ladder.

Promotion of behaviour change is not easy. For example, different HH have different attitudes to S&H which, this study has confirmed, mean that HEW and CHP are faced with a variety of responses when they come to promote S&H.

» Faced with the challenges of promoting S&H to HH in this context of differing HH attitudes, HEW and CHP need to be adaptable, bringing different approaches and techniques, and capable of innovation.
» HEW and CHP should also accept ups and downs in their work, as in every discipline.
» The struggle of HEW and CHP with reluctant HH should continue until they develop the desired behaviour - hygiene promotion is not a one-off activity.
» Messages for promotion of S&H need to be continually reinforced by demonstrations/actions, so as to make changes in behaviour long-lasting.

Supervision of HEW by the Woreda Health Office and sometimes by the health centres was not sufficiently supportive and consistent.

» HEW are looking for capacity- building and mentoring.

» Performance of HEW and CHP should be monitored regularly by appropriate health professionals.

HEW commented on the lack of a structure allowing for opportunities of career development. All HEW were interested in such opportunities to further their careers.

» HEW would like to have opportunities to achieve upgrading like other government employees.
» There should be a clear career structure for HEW and also CHP, established as soon as possible. Alongside boosting of available resources for health extension to rural communities, swift action on career development would help to retain HEW and CHP, in order to ensure continuity of promotion of the HEP, including its S&H elements.

RiPPLE Case Studies: Community Health Promoters in Action

Ammanuel Mamo Betalo

Ammanuel Mamo Betalo, 42, a father of five, is amongst the 19 Community Health Promoters in Mole *kebele*, in Mirab Abaya *woreda*. As the 'bread-winner' of his family, Ammanuel makes his living as a farmer. He was recruited as a Community Health Promoter (CHP) by *kebele* community members in 2000EC. Each community health promoter has to win his/her respective *kebele*'s consent before being selected for training as CHP.

Since 2000EC, Ammanuel has undergone 20 days of training on the 16 health packages which are provided by the *woreda* Health Extension Workers (HEW). After four months of practising these health packages, and bringing about desired changes in his own *kebele*, Ammanuel has been awarded with the title of a '*Model Abawera*' (model household), voted by his community.

Mole *kebele* is in the South West of the SNNPR region, and has a total population of 4,264, divided into 870 households. The community refers to volunteer workers like Ammanuel as '*Bego Aderagot Meleketega*' which, literally translated, means 'Goodwill Messengers/Ambassadors'. Not only do the CHPs offer the best advice to members of the community on family planning, but they are also assigned to teach and assist 52 households about sanitation and hygiene.

The training for CHPs is as follows: For the purposes of teaching and demonstration, HEWs initially show CHPs like Ammanuel a model latrine constructed using local materials. Each CHP, after the completion of their training, is then expected to construct a latrine as taught at their home. Each CHP has to pass this part of the training before he/she is awarded the important responsibility of teaching his community about sanitation and hygiene. Each CHP is expected to use his/her house as an example to inform the community. In this way s/he assists and encourages other households to do the same.

"Cleanliness should always start from oneself!" said Ammanuel as he was

showing us around his compound. His living room is constructed to help fresh air enter the room and the middle room is cleaned. Mosquito nets are placed on top of each bed, to protect his family from mosquito bites. His kitchen is filled with clean water containers and washed utensils. Latrines are constructed 3-4 metres from the house. "We use false banana leafs to construct our latrines since they are easily available in our *woreda*. We use cement and wood to construct the floor of the latrines. We aim to ensure that the latrines are closed after use to protect flies from entering", says Ammanuel. "The most important part of our teaching is to wash hands after using the latrines. For that we request the household to put a water container outside of their latrines. We also advise them to use charcoal ash (which is left after cooking, since all households cannot afford to buy soap. Ash works as a detergent to clean one's hands", he adds.

Ammanuel in action!

"Now almost all community members have constructed their latrine and have grasped the importance of washing hands after using latrines", reports Ammanuel, as he takes us inside his village. "We continuously visit the community just to check if there are some latrines which need maintenance." In relation to hand-washing, the major problem the *kebele/woreda* face is water shortage. As an alternative, Ammauel advises his community members to collect rain water and use it to clean their toilets.

Ammanuel starts his daily routine by visiting community members. He has a schedule of five household visits per day. He uses his manual and posters to help him in raising awareness in the households for which he is responsible. These materials on sanitation, fygiene and family planning are used nationwide, and he obtained them during his training course. Most posters and manuals are prepared in simple language and have a strong visual representation which makes teaching far easier for both the HEWs and the CHPs.

As a follow-up technique, Ammanuel records his daily household visits. For this, he has prepared a separate sheet and a map which shows the location and development of each household. Ammanuel has his own marking system

for those who have shown great motivation. With this, he encourages those who have made progress and supports those who are lagging behind. Ammanuel also pays surprise visits to households to monitor how much of his teaching has been taken up and practised by the community. In our visit to the community, we witnessed the households following the mock-up Ammanuel has given them.

A routine visit

"There were only few members that were reluctant in practicing what we have taught them on Sanitation and Hygiene. But when they begin to see benefits and once they realise that we follow up on our advice and effort, most households become part of the change."

For those who totally refuse to participate (although none in Ammanuel's case), they are initially advised by their neighbours and close friends. If that fails, they are then advised by religious leaders. If that still does not push the household to change, it is the duty of the CHP to send him to the administrator of the *kebele/woreda*. Ammanuel is a good example of a promoter who has introduced sound sanitation and hygiene behaviours to his *kebele*, which in turn has had great importance in reducing health problems caused by insufficient facilities for sanitary disposal, as well as the benefits of using safe water. Many children used to suffer due to diarrhea and related diseases. Since the community started to practice safe and sound sanitation and hygiene methods like constructing a latrine, keeping it clean, and drinking safe and clean water, the community members are reporting reduced cases of diarrhea. The *kebele* has learnt from the past and most of all has acquired awareness and understanding of the importance of sanitation and hygiene. In this way, households in Mole *kebele* have become actors of change. Key players in this process are the CHPs and HEWs, and their efforts have managed to link the work between the community and the promoters. The HEWs assist the CHPs by conducting a review meeting every 15 days. During these meetings, the CHPs and the HEWs sit down together to discuss

The motto

problems and progresses which has been observed in the *kebele*.

'*Ant geshteta Nagete*' (in wolayitiga, the local language) literally meaning "Keep yourself and your accommodation clean!" is Ammanue's first and last line when teaching his community. Indeed, led by his everyday motto "Let's make cleanliness our culture", his hard work and teaching on sanitation and hygiene have served the community well

Asqual Aregaw has a family of 8 with the latest addition of a newborn son with her husband. She is also a volunteer Community Health Promoter (CHP) for Mole *kebele* in Mirab Abaya *woreda*. A total of 20 CHPs from her *kebele* did the first training course on sanitation and hygiene in 1986EC. Sixteen of them are successfully carrying out the role of voluntary CHP.

Out of a total population of 4,264 people with 870 households, Asqual is responsible for teaching and guiding 55 households about sanitation, hygiene and family planning. Since she gave birth to her son, her physical strength does not allow her to walk long distances and pay visits to the five households a day as she used to do, but she still manages to visit 2-3 households a day.

The 30-year old housewife enjoys her volunteering more than anything. According to her, *'Halcho kaeyoge weleka'*, meaning *"It's our duty to carry out our community's duties'*. In her 16 years of experience as a CHP, she has always been thankful of the community for their support of her teachings. Asqual says:

Asqual

"I have never had difficulty teaching the community about proper sanitation and hygiene practices. At the beginning when we did our training course, we were taught by our foreign trainers. From then on, we equipped ourselves with the necessary tools, so that we have always much information to share with our community members".

As a wife and a mother, Asqual feels she can easily communicate about sanitation and hygiene with her community, and particularly with its female members. She says "It is like sharing the same problem and view. I am proud of my community members, since they effectively carry out what we have taught them."

Rebato Jabo is a Community Health Promoter in Huletega Ashoke (Ashoke 2) *kebele,* Halaba *woreda*. Rebato is a good friend of Haji Tamam, also a CHP in Huletega Ashoke (Ashoke 2). In 2000EC they undertook training on 16 health packages and follow-on training, with Health Extensions Workers, even though they work for two different sub-*kebeles* (Gelanto and Toko, respectively).

Before going out to teach his community, Rebato often pays a short visit to Haji Tamam's house or at 'Tena Kela' (at the health centre, their usual meeting spot) in order to consult him for any new information. After having a short briefing and discussion session with Haji Tamam, Rebato goes out to community where he has been assigned to 50 household members.

Like most of the CHPs in the *kebele*, Rebato invites the community to a popular location before he starts teaching. He explains the community members that he has been encouraged by the outcomes he has seen within his *kebele* with regards to sanitation and hygiene.

"The community has been able to construct their own latrines. Some may forget to put the small water tanker/storage near their toilet. During my daily follow-up visits that's what I look for. Some may want to be reminded, but mostly, since there is a problem of water in the area, the community may fail to store the water at the appropriate place and time", he says.

"Such activities should become permanent practice, because now we know that the community is benefitting a lot from it", he adds.

Rebato Jabo inspecting a latrine

Research-inspired Policy and Practice Learning in Ethiopia and the Nile region (RiPPLE) is Research Programme Consortium, funded by UKaid from the Department for International Development (DFID) and led by the Overseas Development Institute (ODI) in partnership with IRC, Addis Ababa University, WaterAid Ethiopia and Hararghe Catholic Secretariat.

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